2150: 6012	37166 6		State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2																
1	Total Number of Vehicles O89 Agency Case No. B5-08438				1383					HIT & RUN		INVESTIGATION MADE AT SCENE? XYES NO							
A/1 01 A/2	DATE OF ACCIDENT	M N	2/2015 STATE M / D D / Y Y Y Y Y S M T W TH F S ACCIDENT D222									STATE U	_			1			
01	PLACE OF ACCIDENT	COUNTY									09/1	09/13/2015							
в 70		N WHICH	STREET/					0 ,	PRIVATE PROPERT					LATITUDE				1	
C	ACCIDENT	ACCIDENT OCCURRED HIGHWAY NO. PINNACIE Arena / N St					HIGHWAY NO.				ONE-WAY STREET? NO.	Y YES NO LONGITUDE				-			
4 D		MILEPOST IF AT INTERSECTION				POST	IF NOT AT INTERSECTION												
4	NAME OF INTERSECTING ROADWAY					X FEE		MILES	S N S E W OF NEAREST STREE					, BRIDGE, RAILROAD CROSSING					
V1/M													/ Arena	/ Arena and N					
10 V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN N S E W AND N S E W OF NEAREST CITY OR TOWN																		
E	R. WORK ZONE CODES	ZONE CLASSIFICATION				S2	S3	STATE DEI					DENT INVOLVE DAMAGE TO T. OF ROADS' PROPERTY?						
1	CODES				CODES			VEH	IICLE	NO. 1				Y	ES Q	⊘ NO	—		1
F 1	DRIVER LICENSE		NO. H	113251	109									STATE (Of License) NE	s		FEMALE MALE]
V1/N		ER PHONE LOCAL NO. DHN J SOPCICH 402-671-1036																	
1 V2/N	DRIVER ADDRESS 916 Lamont St, Lincoln, NE 68528 CITY, STATE, ZIP O8/07/1991									V1/1 40									
<u> </u>		phone bhn J Sopcich Phone 402-671-1036										V1/2							
_G 4		OWNER ADDRESS OUTY, STATE, ZIP OUTGATION OUTGATION								3		V1/3							
н 5	LICENSE PLATE	ICENSE PLATE NO.					YEAR (Plate Expires)					STA (Of F	Plate)	NE					
V1/O	VEHICLE		YEAR MAKE MODEL 2011 BMW Mini cool					coope	r	2 door Sedan green					DAMAG	3000		V1/4	
2 V2/O	vehicle id No. (V/N) wmwsv3c52bty20257					INSURANCE COMPANY None									V1/5 40				
VZIO	101 Cha	rlesto	n St			Capital	I Tow			POLICY NO. N/A									
1	DRIVER							VEH	IICLE	NO. 2				STATE			EX 🤤	FEMALE	25
V1/P	DRIVER	LICENSE NO.				PHONE					LOCAL	LOCAL NO.							
6 V2/P	DRIVER ADDRI	ESS	CITY, STATE, ZIP				IP	DATE BIR					DATE OF)F				V2/1	
V2.11	OWNER						PHONE (MM / D					BIRTH (MM / DD / YYY	LOCAL NO.				V2/2		
J 01	OWNER ADDRESS CITY, STATE, ZIP				IP	CITATION					○YES					V2/3			
V1/Q	LICENSE PLATE		NO.										YEAR ate Expires)	NG ONO		STA (Of F			V2/4
1 V2/Q	VEHICLE	YEAR							BODY STYLE COLOR					ESTIMATED DAMAGE TOTALED \$ V2				V2/5	
	VEHICLE ID NO. (VIN)	T'							INSL				INSURANC	NSURANCE COMPANY			¥		
к 01	TOWED TO	TOWED BY					POLICY NO.).					V2/6			
	(Comp	lete t	nis sec	ction for	all inju	ured	pers	ons					OF BIRTH	1 Seat	2	Body	Injury Tro	SEX M F
(Complete a continuation report, if more than three were injured) VEH. # NAME ADDRESS ADDRESS (MM / DD / YYYY) Position Eject Body Region Sev. Trans. I																			
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS R	UN REF	PORT NO.				
VEH. #	NAME ADDRESS																		
	LOCAL NO.		MEDICAL	FACILITY N	AME				EMS SE	RVICE NA	ME				EMS R	UN REP	PORT NO.		
VEH. #	NAME				ADI	DRESS						\top							
	LOCAL NO. MEDICAL FACILITY NAME						EMS SERVICE NAME						EMS R	EMS RUN REPORT NO.					

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS										
THE TOLLOWING	NCY CASE NO.									
			5-084383							
Indicate										
North by Arrow										
	Uni	1								
45.6ft east o	APOI of Transformer box	J. J.								
	orth curb of Arena Dr	9								
Measurem	ents are approx.	Jnit 1								
	sformer Box ena / N St									
		Pinnacle Arena Dr								
		Filliacie Alelia Di								
		•								
	/ //,									
·	to s									
		Not To Scale								
·······································	1 1 7	•								
DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION Driver 1 was travelling Northbound on N St. Driver 1 left the roadway, striking the curb, then struck the fence protecting the railroad. Driver 1 appears to of										
Black Fence / Posts OWNER NAME City of Lincoln Ne ht	tps://lincoln.ne.gov/, Lincoln,	NE PHONE	APPROX. COST OF DAMAGE. \$ 2500							
Black Fence / Posts City of Lincoln Ne ht	ADDRESS	PHONE	APPROX. COST OF DAMAGE							
	ADDRESS		\$ PHONE							
SSS SS										
NAME NAME	ADDRESS		PHONE							
VEHICLE MOVEMENT POINT OF IMPA		YED RESTRAINT USE VEHICLE 1	TOTAL VEH 1 VEH 2							
VEH N S E W ROAD OR (Enter numbers for	- D / III	VERICLE 1	ALCOHOL Driver Driver Pedes-							
1 X Pinnacle Arena VEHICLE 1	VEHICLE 2		TESTING No. 1 No. 2 trian							
POINT OF L	OINT OF 1	1 Nana usad vahiala agguna	ALCOHOL Y X Y Y LEVEL N N N N							
MOST	MOST 1 Deployed - front 2 Deployed - side	1 None used - vehicle occupa 2 Lap & shoulder belt used 3 Shoulder belt only used	nt TESTED N N N							
1 01 06 Turning left DAMAGED 02 DAMAGED 07 Making U-turn	AMAGED 3 Deployed - both fro AREA 4 Not deployed	14 Lap belt only used 5 Child safety seat used	Driver Driver							
08 Entering traffic lane 00 None 02	5 Not applicable/ No airbag available	6 Child booster seat used 7 DOT approved helmet used	DRUCE							
01 Essentially 09 Leaving 09 Top & windows	7 Onknown	8 Costume helmet used 9 Restraint use unknown	1 Neither alcohol nor drugs suspected							
02 Backing 10 Parked 10 Undercarriage 01 - 11 Total (all areas)	05 VEHICLE 2	VEHICLE 2	2 Yes - alcohol suspected 3 Yes - drugs suspected							
04 Overtaking/ stopped in traffic 12 Other 08 Passing 12 Other	07 06 -		4 Yes - alcohol & drugs suspected							
05 Turning right 13 Unknown			5 Unknown							
OFFICER NO. 1714 TROOP/ TEAM/ BEAT SW	Lincoln Police Depa	rtment	Photographs X YES taken? NO							
INVESTIGATOR NAME (Print or Type) Jared Grayson	INVESTIGATOR SIGNATURE Approved by Officer Jared	DATE OF REPORT 09/13/2015								